

WASTE EXPRESS, INC. PROFILE

6300 STADIUM DRIVE, KANSAS CITY, MO 64129 (816)924-5884 FAX (816)924-1453

Profile#:	Date Approved:	Approved by:
Sales Rep:	Planned Process:	
Recertification Dates:		
Broker Info:		

General Information:		Bill To:	
Generator Name:		Company Name:	
Facility Address:		Address:	
Mailing Address:		Contact:	
USEPA ID#:		Phone #:	Fax #:
Technical Contact:	MO ID #:	Waste Name:	
Phone #:	Fax #:	Process Generating Waste:	

Chemical Composition (Totals must be ≥ 100%)		Physical Characteristics	
		Color:	Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong
			Physical State: <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Solid
		pH NT <input type="checkbox"/> ≤ 2.0 <input type="checkbox"/> 2.1--12.4 <input type="checkbox"/> ≥ 12.5	BTU
			Weight/Specific Gravity
Total 100%		Layers: <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Single Phased	Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No
Analytical Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Flash Point °F: <input type="checkbox"/> < 140 <input type="checkbox"/> > 140	Viscosity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
MSDS Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			Halogens: _____ % Weight
Emergency Response Guide #			

Other Components -- Total (PPM)		Metals		<input type="checkbox"/> Total (PPM)	<input type="checkbox"/> TCLP (PPM)
Cyanides: _____	PCB's: _____	Sulfides: _____	Arsenic _____	Lead _____	
Comments:			Barium _____	Selenium _____	
			Cadmium _____	Silver _____	
			Chromium _____	Mercury _____	

Shipping Information		Hazardous Characteristics	
DOT Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No		Reactivity: <input type="checkbox"/> None <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Shock Sensitive	
Proper Shipping Name: _____		<input type="checkbox"/> Explosive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Other	
DOT Hazardous Class _____ UN/NA _____ PG <u>II</u> RQ _____		Other Hazardous Characteristics:	
Is this a hazardous waste as defined by 40 CFR 261 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Radioactive <input type="checkbox"/> Etiological	
Is this waste subject to Land Disposal Restrictions per 40 CFR 268 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pesticides <input type="checkbox"/> Other	
		USEPA Hazardous Waste Codes: _____	

Certification		
I hereby warrant the sample defined herein is truly representative of all physical and chemical properties of the waste stream as defined in the preceding profile data, and taken in accordance with 40 CFR 261. I have reviewed and am familiar with the information supplied in this and all attached documents and that to the best of my knowledge is true and accurate, and all suspected hazards have been disclosed. Correction Authorization: I authorize Waste Express, Inc. and/or its representatives to make corrections to this profile which are consistent with the sample presented for characterization and/or regulatory requirements of state and federal agencies. I understand I will receive a corrected copy.		
Generators Signature:	Printed Name and Title:	Date: